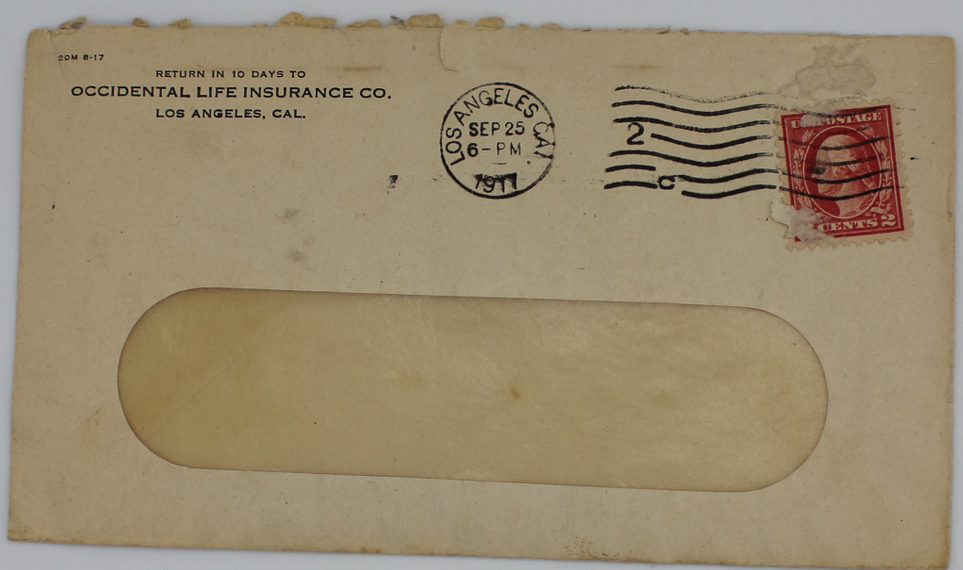
20M 8-17
RETURN IN 10 DAYS TO
OCCIDENTAL LIFE INSURANCE CO.
LOS ANGELES, CAL.
LOS ANGELES CAL
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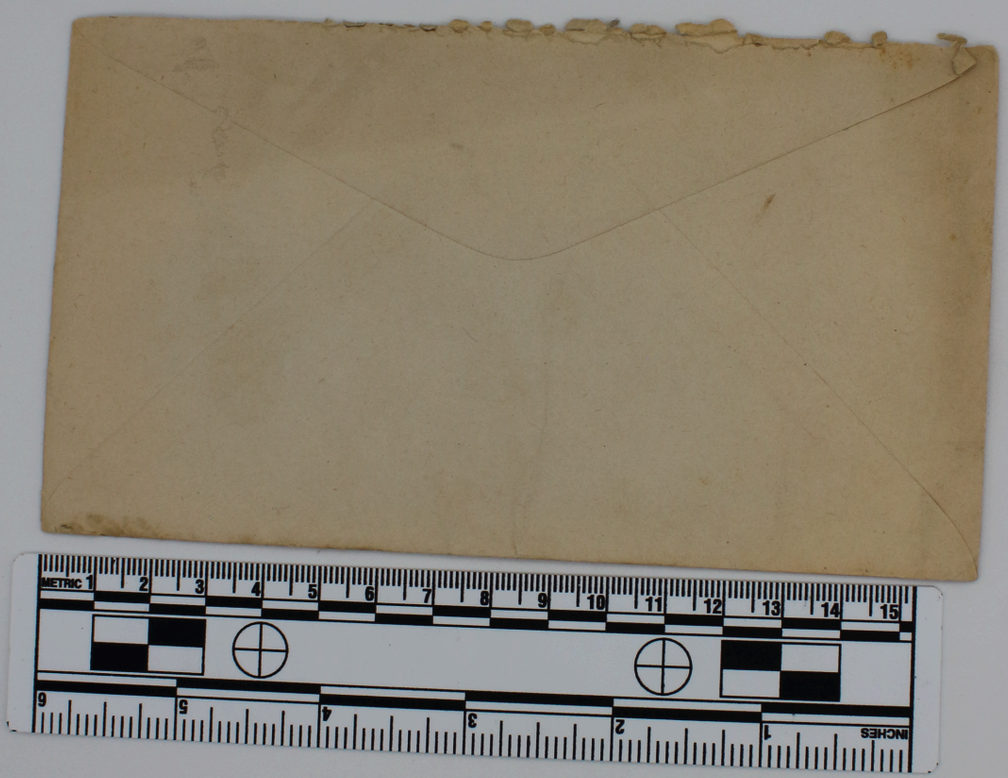

METRIC
INCHES

Form 1660. 20M-5-15

PLEASE RETURN THIS NOTICE WITH YOUR REMITTANCE

Monthly Payment, Accident and Health Department

Occidental Life Insurance Company

Los Angeles, California

SEP 25 1917

191

Mr. Geo W Grandy,
Box 94, Arcadia, Cal.

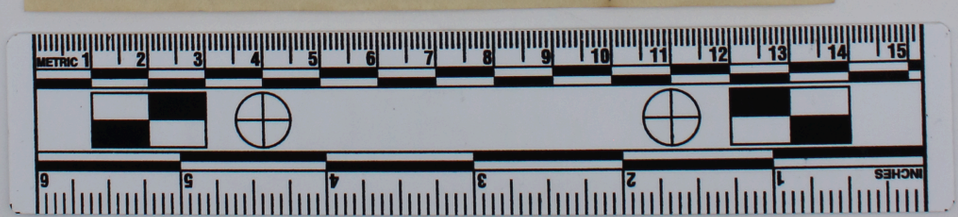
A monthly payment of $ 2.00 on your Accident and Health Policy No. 153939, will be due the first day of OCT 1917 and in order that your Policy may be kept in continuous force, kindly remit to this office on or before that date.

DO NOT ALLOW YOUR POLICY TO LAPSE

Make your payments promptly and keep your Policy in force

To avoid errors, please write your name and postoffice address plainly upon this blank and *return same with your Receipt Book and remittance.*

Name .....

P. O. Address where notices and receipts are to be sent .....

Div. No. 132